FORM 3 STATE OF UTAH DEPARTMENT OF NATURAL RESOURCES AMENDED REPORT DIVISION OF OIL, GAS AND MINING 1. WELL NAME and NUMBER APPLICATION FOR PERMIT TO DRILL 3. FIELD OR WILDCAT UNDESIGNATED REENTER P&A WELL DEEPEN WELL 5. UNIT or COMMUNITIZATION AGREEMENT NAME Coalbed Methane Well: NO 7. OPERATOR PHONE 303 999-4044 BERRY PETROLEUM COMPANY 9. OPERATOR E-MAIL kao@bry.com 4000 South 4028 West Rt 2 Box 7735, Roosevelt, UT, 84066 11. MINERAL OWNERSHIP 12. SURFACE OWNERSHIP INDIAN 🦳 FEDERAL INDIAN 🔳 STATE [ FEE 🥌 FEDERAL | STATE . 14. SURFACE OWNER PHONE (if box 12 = 'fee') Douglas Nielsen 435-738-5715 16. SURFACE OWNER E-MAIL (if box 12 = 'fee') P O Box 114, , 18. INTEND TO COMMINGLE PRODUCTION FROM 19. SLANT MULTIPLE FORMATIONS YES (Submit Commingling Application) NO VERTICAL [ DIRECTIONAL I HORIZONTAL

WATER RIGHTS APPROVAL NUMBER IF APPLICABLE

43-12400

20. LOCATION OF WELL	FC	OOTAGES	QTR-QTR	SECTION	TOWNSHIP	RANGE	MERIDIAN	
LOCATION AT SURFACE	2434 FS	SL 1955 FEL	NWSE	32	5.0 S	6.0 W	U	
Top of Uppermost Producing Zone	2043 FS	SL 2161 FWL	NESW	32	5.0 S	6.0 W	U	
At Total Depth	1967 FS	SL 1973 FWL	NESW	32	5.0 S 6.0 W		U	
21. COUNTY  DUCHESNE		22. DISTANCE TO NEA	AREST LEASE LINE (F 1955	Feet)	23. NUMBER OF ACR			
		25. DISTANCE TO NEAREST WELL IN SAME POOL (Applied For Drilling or Completed) 20			<b>26. PROPOSED DEPTH</b> MD: 6114 TVD: 5831			
27. ELEVATION - GROUND LEVEL	28. BOND NUMBER			29. SOURCE OF DRILLING WATER /				

6830 RLB0005647 Hole Casing and Coment Information

noie, casing, and cement information										
String	Hole Size	Casing Size	Length	Weight	Grade & Thread	Max Mud Wt.	Cement	Sacks	Yield	Weight
Surf	12.25	8.625	0 - 500	24.0	J-55 ST&C	9.5	Class G	325	1.15	15.8
Prod	7.875	5.5	0 - 6114	17.0	N-80 LT&C	9.5	Type V	180	3.82	11.0
							Class G	310	1.7	13.1

## **ATTACHMENTS**

## VERIFY THE FOLLOWING ARE ATTACHED IN ACCORDANCE WITH THE UTAH OIL AND GAS CONSERVATION GENERAL RULES

WELL PLAT OR MAP PREPARED BY LICENSED SURVEYOR OR ENGINEER COMPLETE DRILLING PLAN AFFIDAVIT OF STATUS OF SURFACE OWNER AGREEMENT (IF FEE SURFACE) FORM 5. IF OPERATOR IS OTHER THAN THE LEASE OWNER DIRECTIONAL SURVEY PLAN (IF DIRECTIONALLY OR HORIZONTALLY DRILLED) **TOPOGRAPHICAL MAP** 

NAME Kathy K. Fieldsted	TITLE Sr. Regulatory & Permitting Tech.	PHONE 435 722-1325		
SIGNATURE	<b>DATE</b> 03/20/2012	EMAIL kkf@bry.com		

API NUMBER ASSIGNED APPROVAL 43013513150000

2. TYPE OF WORK

4. TYPE OF WELL

6. NAME OF OPERATOR

(if box 12 = 'INDIAN')

8. ADDRESS OF OPERATOR

10. MINERAL LEASE NUMBER

(FEDERAL, INDIAN, OR STATE)

DRILL NEW WELL

2OG0005500

13. NAME OF SURFACE OWNER (if box 12 = 'fee')

17. INDIAN ALLOTTEE OR TRIBE NAME

15. ADDRESS OF SURFACE OWNER (if box 12 = 'fee')

Oil Well

Permit Manager

